

|   |              |   |      |   |             |                           |              |             |
|---|--------------|---|------|---|-------------|---------------------------|--------------|-------------|
| CONTRACTOR<br>Firewell Co. Inc<br>3685 Broadway<br>Buffalo 25, N. Y.                    |              |   |      | TO: (Major Air Command)<br>SAC (DM8D)<br>Offutt AFB, Nebr             |             |                           |              |             |
| CONTRACT<br>AF 33(600) 39203 EXHIBIT NO. 11   |              |   |      | DATE OF CERTIFICATE<br>31 December 1960                               |             |                           |              |             |
| 1. NAME OF CTSP (Last, First, and MI)<br>[REDACTED]                                     |              | 2. AF UNIT<br>4080 SW                               |      | 3. PERIOD OF CERTIFICATE (Inclusive dates)<br>1 Dec 60 THRU 31 Dec 60 |             |                           |              |             |
| 4. VACATION TIME (Inclusive dates)<br>FOIA b3a<br>None 2 THRU 12/20/60<br>THRU 12/21/60 |              | 5. SICK TIME (Inclusive dates)<br>None THRU<br>THRU |      | 6. CONTRACT HOLIDAYS<br>1   |             | 7. BILLABLE DAYS<br>25 35 |              |             |
| 8. AUTHORIZED OVERTIME HOURS WORKED   |              |   |      |   |             |                           |              |             |
| DATE  | TIME AND 1/2 | DOUBLE TIME   | DATE | TIME AND 1/2  | DOUBLE TIME | DATE                      | TIME AND 1/2 | DOUBLE TIME |
| None  |              |   |      |   |             |                           |              |             |
|   |              |   |      |   |             |                           |              |             |
|   |              |   |      |   |             |                           |              |             |
| 9. DATES ON WHICH PREMIUM PAY SHIFTS WERE WORKED<br>None                                |              |   |      |   |             |                           |              |             |
| 10. TEMPORARY DUTY AWAY FROM HOME STATION (Enter hour and date of departure and return) |              |   |      |   |             |                           |              |             |
| DEPARTED  |              | RETURNED  |      | DEPARTED  |             | RETURNED                  |              |             |
| N/A   |              |   |      |   |             |                           |              |             |
| 11. AUTHORIZED TRAVEL PERFORMED BY COMMERCIAL CARRIER (Including Taxicab, etc.)         |              |   |      |   |             |                           |              |             |
| INCLUSIVE DATES   |              | FROM  |      | TO  |             | MODE                      |              | COST        |
| N/A THRU  |              |   |      |   |             |                           |              |             |
| THRU  |              |   |      |   |             |                           |              |             |
| THRU  |              |   |      |   |             |                           |              |             |
| 12. AUTHORIZED PRIVATELY OWNED CONVEYANCE TRAVEL (Except on-base mileage)               |              |   |      |   |             |                           |              |             |
| INCLUSIVE DATES   |              | FROM  |      | TO  |             | TOLLS                     |              | MILES       |
| N/A THRU  |              |   |      |   |             |                           |              |             |
| THRU  |              |   |      |   |             |                           |              |             |
| THRU  |              |   |      |   |             |                           |              |             |
| THRU  |              |   |      |   |             |                           |              |             |
| 13. AUTHORIZED ON-BASE MILEAGE BY PRIVATELY-OWNED CONVEYANCE<br>N/A MILES               |              |   |      |   |             |                           |              |             |
| 14. GOVERNMENT TRANSPORTATION REQUESTS USED   |              |   |      |   |             |                           |              |             |
| DATE ISSUED   |              | ISSUING AGENCY                                      |      | FROM  |             | TO                        |              |             |
| N/A   |              |   |      |   |             |                           |              |             |
| 15. GOVERNMENT QUARTERS WERE USED ON THE FOLLOWING DATES:<br>N/A                        |              |   |      |   |             |                           |              |             |

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|--|--|--|
| 16. IF THIS IS THE FINAL CERTIFICATE SUBMITTED FROM THIS AF UNIT, STATE PLACE OF LAST ASSIGNMENT AND DATE OF DEPARTURE:  |  |  |
| DEPARTED (Place)   |  | ON (Date)  |
| 17. IF THIS IS THE FINAL CERTIFICATE SUBMITTED FROM THIS AF UNIT, STATE DATE OF DEPARTURE:   |  |  |
| 18. DEPARTED THE UNITED STATES FOR OVERSEAS DUTY FROM  |  |  |
| (Port)   |  | ON (Date)  |
| 19. ARRIVED THE UNITED STATES FROM OVERSEAS DUTY AT  |  |  |
| (Port)   |  | ON (Date)  |
| 20. NAME OF COUNTRY WHERE OVERSEAS DUTY WAS PERFORMED DURING THIS PERIOD (Unless prohibited for security reasons)  |  |  |
| 21. ADDITIONAL INFORMATION AND REMARKS:  |  |  |
| None   |  |  |
| 22. CERTIFICATION: I certify that the information in Items 1 thru 21 above is true and correct to the best of my knowledge and belief  |  |  |
|  |  | FOIAb3a<br>(Signature of CTSP)   |
| 23. CERTIFICATION: I certify that the services reported above were performed in a satisfactory manner, and that appropriate written orders have been issued or requested, with the following exceptions:   |  |  |
| (If services were not satisfactory, complete written report has been prepared and forwarded)   |  |  |
| STATINTL   |  | GRADE  |
| ORGANIZATION   |  | SIGNATURE (Manual signature is required) (Facsimile is not acceptable) |
| INSTRUCTIONS FOR PREPARATION:  |  |  |
| a. Items not applicable will be indicated by N/A.  |  |  |
| b. The period covered by a certificate will not include more than one calendar month.  |  | FOIAb3a  |
| c. ITEM 6. The number of contract holidays in the period will be entered regardless of whether they were work days. If they were work days, this will be shown in Item 8 as overtime even if contract does not provide for overtime premium pay. Reimbursement will be made for holiday work in accordance with applicable contract. |  |  |
| d. ITEM 7. The number of billable days is the total number of days in the period, less vacation days, sick days, and contract holidays. (Authorized travel days will be included in this item)   |  |  |
| e. Entries in Items 8, 10, 11, 12, and 14, may be double-spaced or single spaced as required. If additional space is needed, Item 21 may be used.  |  |  |
| f. Month and year may be omitted when entering dates, except for date of certificate and Item 3. All other dates must be within the period covered by the certificate.   |  |  |
| g. ITEM 23. If services were not satisfactory, or if there is disagreement as to the services performed, the AF Supervisory Officer must explain in Item 23.   |  |  |